

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				2			53					
4				2			54					
5							55					
6				1			56					
7			1				57					
8				1			58					
9				2			59					
10				2			60					
11				<del>2</del>			61					
12				1			62					
13			1				63					
14				1			64					
15				2			65					
16				2			66					
17							67					
18				1			68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			3				Total Indep					
Total Depend							Total Depend					
Total Claims			18				Total Claims					

21/3

(